

DTS Order Form

(Private Line)

Section 1: Government Specific Information

Service Information			
Service Requested:	DTS		
Agency Name:	DFAS Charleston		
Agency Service Request No.:	(Internal Tracking Number for your use highly recommended) 123-4567		
Agency Billing Code:	(Agency Specific) 5678	Service Due Date:	(Add 21 business days to today's date) December 14, 1999
Hierarchy Code:	(Agency Specific. Assigned by DAR)		
Price Quote:	N/A		
Purchase Order No.:	N/A		
Project No.:	N/A		
Billing Type:	(Choose One) <input checked="" type="checkbox"/> Centralized Billing <input type="checkbox"/> Direct Billing		
Notification Status:	N/A		

Designated Agency Representative Information			
First Name:	John		
Last Name:	Doe		
Address:	1234 Main Street, Suite 1		
City:	Charleston	State:	SC
		Zip:	55555
Email:	John.Doe@DFASCharleston.gov		
Phone:	(123)555-1212		

Originating Local Government			
First Name:			
Last Name:			
SDP ID Originating:			
Address:			
City:		State:	
		Zip:	
Email:			
Phone:			

Terminating Local Government Contact				SAMPLE COPY	
First Name:					
Last Name:					
SDP ID Originating:					
Address:					
City:		State:		Zip:	
Email:					
Phone:					

Service Coordinator Information					
First Name:		Joann			
Last Name:		Lindberg			
Address:					
City:		State:		Zip:	
Email:					
Phone:		(703)902-6147			

Section 2: Setup Information

Account Team Information

SAMPLE COPY**Lead Sales Rep Information**

First Name:	Steve		
Last Name:	Scott		
Email:	Steven.Scott@wcom.com		

Order Information**General**

Attention OE Hub Rep Name:				
Standard Interval:				
Choose One:	<input type="radio"/> Standard Interval (above)	<input checked="" type="radio"/> Requested Due Date	Expedite:	<input type="radio"/> Yes <input type="radio"/> No
If Requested Due Date, Indicate Date:	(Same as Service Due Date on Section 1: Service Information)			
	December 14, 1999			

Verification of Order:

Do you have an LOA for this order?:	<input type="radio"/> Yes <input type="radio"/> No
It is the Branch/Account Team's responsibility to ensure that an LOA is obtained and on file at their MCI location	
Who will conduct verification of this order?:	<input checked="" type="radio"/> Branch/Account Team <input type="radio"/> Hub <input type="radio"/> No Verification – sensitive customer
Verification Contact Name:	
Verification Phone #:	Hours Available:
If Branch/Account Team, person that verified:	Joann Lindberg
Date Verified:	
If No Verification, the Branch/Account Team is accepting responsibility for the Accuracy of the information contained in the order.	

Related Order Information

Are There Related or Integrated Orders?:	<input type="radio"/> Yes <input type="radio"/> No
Specify Related Order Numbers or Product Types:	

Billing Information

SAMPLE COPY

General			
Billing ID:	<input checked="" type="radio"/> New <input type="radio"/> Existing		
If Existing, Billing ID Number:	(if new, contact Joann Lindberg at number above) #1234		
Corporate ID:		NASP ID:	
Is there a Promo?:	<input type="radio"/> Yes <input type="radio"/> No	Promo Code:	
Promo Level:		Term:	
Company Billing Mailing Address Information			
First Name:	Jane		
Last Name:	Doe		
Title:	Comm. Specialist	Fax #:	(555)111-2222
Phone #:	(555)111-2223	Contact Extension:	X222
Billing Contact Information:			
First Name:	Jane		
Last Name:	Doe		
Title:	Comm. Specialist	Fax #:	(555)111-2222
Phone #:	(555)	Contact Extension:	

Section 3: Product Information**General****SAMPLE COPY**

Order Type:		VOS Functionality:	
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Host Access Location Information

Customer Service Location Information					
Netcom Location ID (if existing):					
Local Customer Name:	(Local Unit or Office Title. Example: DFAS, Charleston)				
	DFAS, Charleston				
Address:	(Physical location where service originates. No P.O. Boxes allowed)				
	9012 Maple Street				
City:	Centerville	State:	SC	Zip:	90123
Main Listed Phone #:	(555)555-5555		Bill Payer ID:	N/A	
Customer Contact Information					
Local Contact Name:	(POC address for Lec to contact)				
	Joe Doe				
Local Contact Office Phone #:	(555)999-7777				
Alternate Contact Name:	(Additional POC for Lec to contact)				
Alternate Contact Office Phone #:					
Customer FAX #:		Vendor FAX #:			
Demarc Location Information: (Main Commercial Demarc for Service)					
Building:	(Physical address where service originates) 1234 Oak Tree Lane				
Floor:	35 th Floor	Room:	2		
Extended Demarc Location Information: (Any extended service point past main commercial Demarc)					
Building:	(Physical address where service originates)				
Floor:		Room:			

Host Access Location Information

General					
Product:	<input type="checkbox"/> Data <input checked="" type="checkbox"/> DDS <input type="checkbox"/> DDS/DS0 <input type="checkbox"/> Frac T1 <input type="checkbox"/> TDS 1.5 <input type="checkbox"/> TDS 45 (DS3) <input type="checkbox"/> VGPL				
If VGPL product selected					
Circuit Type:	<input type="checkbox"/> ARD <input type="checkbox"/> FX <input type="checkbox"/> MRD <input type="checkbox"/> OPX <input type="checkbox"/> TL <input type="checkbox"/> VCD	Signaling Type:	<input type="checkbox"/> E&M Wink <input type="checkbox"/> Ground <input type="checkbox"/> Loop		
For OPX & TL Circuit Types, provide FIC code:					
Data Speed:		Number of Circuits:			
Usage Type:	<input type="checkbox"/> Voice <input type="checkbox"/> Data <input type="checkbox"/> Other <input type="checkbox"/> N/A				
If Usage is "Other", please describe:					

Describe Access:	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> N/A
Cross border Terminal Name or Location ID (required for cross border orders):	

SAMPLE COPY

Equipment Information

Equipment Requested	Equipment Provider	Equipment Maintainer	Equipment Owner	Equipment SOC
CSU	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
DSU	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
CDU	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Channel Bank	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Cards (Voice / Data)	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Router	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Modem	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Other	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Circuit Type:	<input type="checkbox"/> ACD <input type="checkbox"/> Centrex <input type="checkbox"/> Keyset <input type="checkbox"/> PBX	Voice Type: <input type="checkbox"/> Analog <input type="checkbox"/> Digital	Data Interface Type: <input type="checkbox"/> V.35 <input type="checkbox"/> RS232 <input type="checkbox"/> Other _____	
Framing	<input type="checkbox"/> D4 <input type="checkbox"/> ESF	Jack Type	<input type="checkbox"/> RJ11 <input type="checkbox"/> RJ21 <input type="checkbox"/> RJ48 Other (Specify) _____	
Line Coding	<input type="checkbox"/> AMI <input type="checkbox"/> B8ZS	Vendor Name		
		Phone Number		
Contract # (if necessary)			PO # (if necessary)	

Host Access Information

Access Type:	<input type="checkbox"/> 2-Wire Loop <input type="checkbox"/> 4-Wire Loop <input type="checkbox"/> New T-1 <input type="checkbox"/> Existing T-1 <input type="checkbox"/> New DS3 <input type="checkbox"/> Existing DS3			
If existing T-1, specify:				
If existing DS3, specify DS3 Circuit ID:				
T-1 Corp ID:	<input type="checkbox"/> New <input type="checkbox"/> Existing	T-1 Corp ID, if existing:		
If new T-Corp ID desired, billing address will be used unless otherwise specified.				
T-1 Channel Assignment:				
Number of circuits:		Conditioning:	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C4 <input type="checkbox"/> C5 <input type="checkbox"/> D1 <input type="checkbox"/> D5 <input type="checkbox"/> D6	
Circuits Ordered by:	<input type="checkbox"/> MCI <input type="checkbox"/> Customer <input type="checkbox"/> Co-location (none)			
Alternate LEC:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate LEC (if necessary):		
It is encouraged to choose MCI as access provider if available.				

Termination Information

Customer Name:		(Physical person for Lec coordination) Harry Smith		SAMPLE COPY	
Netcom Location ID:					
Main Listed #:					
Address:		(Physical address where this circuit terminates) 1234 Main Street			
City:	Charleston	State:	SC	Zip:	12345
Contact Name:	Jane Doe		Contact Phone #:	(555)777-8888	
Alternate Contact Name:	Larry Jones		Alternate Contact Phone #:	(555)999-8888	
Customer FAX #:	(888)777-4444		Vendor FAX #:		
Demarc Location Information:					
Building:					
Floor:		Room:			
Extended Demarc Location Information:					
Building:					
Floor:		Room:			

Equipment Requested	Equipment Provider	Equipment Maintainer	Equipment Owner	Equipment SOC
CSU	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
DSU	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
CDU	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Channel Bank	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Cards (Voice / Data)	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Router	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Modem	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Other	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	<input type="checkbox"/> MCI <input type="checkbox"/> Cust <input type="checkbox"/> Third	
Circuit Type:	<input type="checkbox"/> ACD <input type="checkbox"/> Centrex <input type="checkbox"/> Keyset <input type="checkbox"/> PBX	Voice Type: <input type="checkbox"/> Analog <input type="checkbox"/> Digital	Data Interface Type: <input type="checkbox"/> V.35 <input type="checkbox"/> RS232 <input type="checkbox"/> Other _____	
Customer Timing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Framing: <input type="checkbox"/> D4 <input type="checkbox"/> ESF	Jack Type: <input type="checkbox"/> RJ11 <input type="checkbox"/> RJ21 <input type="checkbox"/> RJ48 Other (Specify) _____	
Line Coding	<input type="checkbox"/> AMI <input type="checkbox"/> B8ZS	Vendor Name		
		Phone Number		
Contract # (if necessary)			PO # (if necessary)	

Feature Information

VPDS INFORMATION

SAMPLE COPY

Calling Plan:	<input type="checkbox"/> WA <input type="checkbox"/> SN <input type="checkbox"/> TP <input type="checkbox"/> WT <input type="checkbox"/> ST	
Dialing Plan:	<input type="checkbox"/> 02 <input type="checkbox"/> 10	
Timing Flag:	<input checked="" type="checkbox"/> MCI <input type="checkbox"/> Customer <input type="checkbox"/> Slave	

Remarks Information

[illegible]